



TOUR SCHOLARSHIP APPLICATION

AYS tour scholarships are awarded based on financial need. This form is to be filled out by the parent or guardian of the AYS member. Please complete all sections and postmark by October 20th. This is not a request for credit and no credit reporting agency will be contacted during the evaluation of this application. All financial information will be kept strictly confidential by the Anchorage Youth Symphony.

AYS MEMBER APPLICANT:

1. PARENT OR LEGAL GUARDIAN #1

NAME: _____
HOME ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMPLOYER: _____
OCCUPATION: _____
E-mail: _____
ARE YOU A FULL TIME STUDENT? _____
WHAT SCHOOL OR INSTITUTION DO YOU ATTEND?

2. PARENT OR LEGAL GUARDIAN #2

NAME: _____
HOME ADDRESS: _____
HOME PHONE: _____ WORK : _____
EMPLOYER: _____
OCCUPATION: _____
E-mail: _____
ARE YOU A FULL TIME STUDENT? _____
WHAT SCHOOL OR INSTITUTION DO YOU ATTEND?

3. PLEASE LIST ALL DEPENDENTS (including AYS student applicant. Use additional page if needed)

NAME	AGE	RELATIONSHIP TO PARENT OR GUARDIAN NAMED ABOVE
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. PLEASE LIST ALL SOURCES OF INCOME IN THE CURRENT YEAR (examples: job or business-related, Alaska Permanent Fund Dividends, public assistance, child support, unemployment compensation, student loans)

SOURCE	AMOUNT (annually)
_____	\$ _____
_____	\$ _____
_____	\$ _____

5. PLEASE LIST ANY CURRENT FINANCIAL HARDSHIP SUCH AS LOSS OF JOB OR ILLNESS THAT MAY NOT BE EVIDENT ON THIS APPLICATION.

6. PLEASE ATTACH A COPY OF YOUR SIGNED 2007 FEDERAL INCOME TAX RETURN (1040s). Tax return must be attached for scholarship consideration.

7. PLEASE INDICATE SCHOLARSHIP AMOUNT REQUESTED:

_____ **FULL SCHOLARSHIP** _____ **PARTIAL SCHOLARSHIP** (please indicate amount requested)

8. Parent or Guardian Signature _____ **DATE:** _____

DUE: October 20, 2008

**Mail to: Anchorage Youth Symphony
P.O. Box 240541
Anchorage, AK 99524**